

Fill in this information to identify your case:

United States Bankruptcy Court for the:

NORTHERN DISTRICT OF ILLINOIS

Case number (if known) _____

Chapter you are filing under:

☒ Chapter 7

☐ Chapter 11

☐ Chapter 12

☐ Chapter 13

☐ Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint* case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1 Identify Yourself

About Debtor 1:

About Debtor 2 (Spouse Only In a Joint Case):

1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport)

Thomas

First name

Middle name

Bring your picture identification to your meeting with the trustee

Kral

Last name and Suffix (Sr., Jr., II, III)

I

First name

Middle name

Last name and Suffix (Sr., Jr., II, III)

2. All other names you have used in the last 8 years

Include your married or maiden names

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

xxx-xx-2830

Debtor 1 **Thomas Kral**

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Case number (if known)

About Debtor 1:

4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years

☒ I have not used any business name or EINs

About Debtor 2 (Spouse Only in a Joint Case):

☐ I have not used any business name or EINs.

Include trade names and *doing business as* names

Business name(s)

Business name(s)

EINs

EINs

5. Where you live

Thomas Kral
7200 W. Dobson
Niles, IL 60714-4702

Number, Street, City, State & ZIP Code

Cook
 County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

If Debtor 2 lives at a different address:

Number, Street, City, State & ZIP Code

County

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

6. Why you are choosing *this district* to file for bankruptcy

Check one:

- ☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
- ☐ I have another reason.
 Explain (See 28 U.S.C. § 1408)

Check one:

- ☐ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
- ☐ I have another reason.
 Explain. (See 28 U.S.C. § 1408)

Debtor 1 Thomas Kral

Document

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Case number (if known)

Part 2: Tell the Court About Your Bankruptcy Case

7. The chapter of the Bankruptcy Code you are choosing to file under *Check one.* (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 1010)*) Also, go to the top of page 1 and check the appropriate box
- ☒ Chapter 7
- ☐ Chapter 11
- ☐ Chapter 12
- ☐ Chapter 13
-
8. How you will pay the fee ☒ I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.
- ☐ I need to pay the fee in installments. If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A)
- ☐ I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.
-
9. Have you filed for bankruptcy within the last 8 years? ☐ No ☒ Yes.
- | | | | | | |
|----------|--------------------------------------|------|----------------|-------------|-------------------|
| District | <u>Northern District of Illinois</u> | When | <u>8/13/16</u> | Case number | <u>16 B 26029</u> |
| District | | When | | Case number | |
| District | | When | | Case number | |
-
10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? ☒ No ☐ Yes.
- | | | | |
|----------|--|---------------------|-----------------------|
| Debtor | | Relationship to you | |
| District | | When | Case number, if known |
| Debtor | | Relationship to you | |
| District | | When | Case number, if known |
-
11. Do you rent your residence? ☒ No. Go to line 12.
- ☐ Yes. Has your landlord obtained an eviction judgment against you and do you want to stay in your residence?
- ☐ No. Go to line 12
- ☐ Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it with this bankruptcy petition

Part 3: Report About Any Businesses You Own as a Sole Proprietor

12. Are you a sole proprietor of any full- or part-time business?

☒ No.

Go to Part 4

☐ Yes.

Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition

Name of business, if any

Number, Street, City, State & ZIP Code

Check the appropriate box to describe your business:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a
- small business debtor*
- ?

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

☒ No.

I am not filing under Chapter 11.

☐ No.

I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.

☐ Yes.

I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

☒ No.☐ Yes.

What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

Number, Street, City, State & Zip Code

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling**15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

- ☒ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

- ☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ I am not required to receive a briefing about credit counseling because of:

- ☐ **Incapacity.**
I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

- ☐ **Disability.**
My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

- ☐ **Active duty.**
I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

- ☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

- ☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ I am not required to receive a briefing about credit counseling because of:

- ☐ **Incapacity.**
I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

- ☐ **Disability.**
My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

- ☐ **Active duty.**
I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 Thomas Kral

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Case number (if known)

Part 6a Answer These Questions for Reporting Purposes

| | |
|---|---|
| 16. What kind of debts do you have? | 16a. Are your debts primarily consumer debts? <i>Consumer debts</i> are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." |
| | <input checked="" type="checkbox"/> No Go to line 16b <input type="checkbox"/> Yes Go to line 17 |
| | 16b. Are your debts primarily business debts? <i>Business debts</i> are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. |
| | <input type="checkbox"/> No Go to line 16c. <input checked="" type="checkbox"/> Yes Go to line 17. |
| | 16c. State the type of debts you owe that are not consumer debts or business debts |
| <hr/> | |
| 17. Are you filing under Chapter 7? | <input type="checkbox"/> No. I am not filing under Chapter 7. Go to line 18. <input checked="" type="checkbox"/> Yes I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors? |
| Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| <hr/> | |
| 18. How many Creditors do you estimate that you owe? | <input checked="" type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 |
| | <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 |
| | <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> More than 100,000 |
| <hr/> | |
| 19. How much do you estimate your assets to be worth? | <input type="checkbox"/> \$0 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input checked="" type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million |
| | <input type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million |
| | <input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion |
| <hr/> | |
| 20. How much do you estimate your liabilities to be? | <input type="checkbox"/> \$0 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input checked="" type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million |
| | <input type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million |
| | <input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion |

Part 7a Sign Below

For you

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Thomas Kral
 Signature of Debtor 1

Signature of Debtor 2

 Executed on NOV 26, 2016
 MM / DD / YYYY

 Executed on _____
 MM / DD / YYYY

Debtor 1 Thomas Kral

Document

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Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page.

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

Signature of Attorney for Debtor

Date

11/29/16
MM/DD/YYYY**Howard Peritz**

Printed name

The law Offices of Howard Peritz

Firm name

1121 Lake Cook Road**Suite P****Deerfield, IL 60015**

Number, Street, City, State & ZIP Code

Contact phone **(847) 562-5880**

Email address

howard@Howardperitzlaw.com**06187056**

Bar number & State

Certificate Number: 15317-ILN-CC-027916865



15317-ILN-CC-027916865

CERTIFICATE OF COUNSELING

I CERTIFY that on August 16, 2016, at 9:25 o'clock AM PDT, Thomas C Kral received from Access Counseling, Inc., an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the Northern District of Illinois, an individual [or group] briefing that complied with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: August 16, 2016 By: /s/Annie Gandeza

Name: Annie Gandeza

Title: Certified Counselor

* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. *See* 11 U.S.C. §§ 109(h) and 521(b).

Fill in this information to identify your case:

| | | | |
|---|-------------------------------|-------------|-----------|
| Debtor 1 | Thomas Kral | | |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse if filing) | | | |
| | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | NORTHERN DISTRICT OF ILLINOIS | | |
| Case number (if known) | | | |

☐ Check if this is an amended filing
Official Form 106Sum**Summary of Your Assets and Liabilities and Certain Statistical Information**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets
Your assets
 Value of what you own

- | | | |
|-----|--|---------------|
| 1 | Schedule A/B: Property (Official Form 106A/B) | |
| 1a. | Copy line 55, Total real estate, from Schedule A/B. | \$ 400,000.00 |
| 1b. | Copy line 62, Total personal property, from Schedule A/B | \$ 23,800.00 |
| 1c. | Copy line 63, Total of all property on Schedule A/B.... | \$ 423,800.00 |

Part 2: Summarize Your Liabilities
Your liabilities
 Amount you owe

- | | | |
|-----|---|---------------|
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) | |
| 2a. | Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of Schedule D... | \$ 290,876.02 |
| 3 | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) | |
| 3a | Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F..... | \$ 0.00 |
| 3b | Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F... | \$ 73,966.78 |

Your total liabilities \$ 364,842.80

Part 3: Summarize Your Income and Expenses

- | | | |
|----|--|-------------|
| 4. | Schedule I: Your Income (Official Form 106I) | |
| | Copy your combined monthly income from line 12 of Schedule I | \$ 6,617.35 |
| 5. | Schedule J: Your Expenses (Official Form 106J) | |
| | Copy your monthly expenses from line 22c of Schedule J | \$ 8,732.15 |

Part 4: Answer These Questions for Administrative and Statistical Records

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?
- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules
- ☒ Yes
7. What kind of debt do you have?
- ☐ Your debts are primarily consumer debts. *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- ☒ Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the **Statement of Your Current Monthly Income**: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11, OR, Form 122C-1 Line 14

\$ _____

- 9 Copy the following special categories of claims from Part 4, line 6 of **Schedule E/F**:

| | Total claim |
|--|-------------|
| From Part 4 on Schedule E/F, copy the following: | |
| 9a Domestic support obligations (Copy line 6a.) | \$ 0.00 |
| 9b Taxes and certain other debts you owe the government. (Copy line 6b) | \$ 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated (Copy line 6c) | \$ 0.00 |
| 9d Student loans. (Copy line 6f) | \$ 0.00 |
| 9e Obligations arising out of a separation agreement or divorce that you did not report as priority claims (Copy line 6g) | \$ 0.00 |
| 9f Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ 0.00 |

Fill in this information to identify your case and this filing:

Debtor 1 Thomas Kral
 First Name Middle Name Last Name

Debtor 2
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the. NORTHERN DISTRICT OF ILLINOIS

Case number _____

☐ Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1 Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

☐ No Go to Part 2

☒ Yes. Where is the property?

1.1

7200 West Dobson Street

Street address, if available, or other description

Niles **IL** **60714-0000**
 City State ZIP Code

Cook

County

What is the property? Check all that apply

- ☒ Single-family home
- ☐ Duplex or multi-unit building
- ☐ Condominium or cooperative
- ☐ Manufactured or mobile home
- ☐ Land
- ☐ Investment property
- ☐ Timeshare
- ☐ Other _____

Who has an interest in the property? Check one

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☒ At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

| | |
|---------------------------------------|---------------------------------------|
| Current value of the entire property? | Current value of the portion you own? |
| \$300,000.00 | \$300,000.00 |

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

☐ Check if this is community property (see instructions)

Other information you wish to add about this item, such as local property identification number:

Debtor 1 Thomas Kral

Document

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Case number (if known)

If you own or have more than one, list here:

1.2

1719 Grove

Street address, if available, or other description

Glenview IL 60025-0000

City State ZIP Code

Cook

County

What is the property? Check all that apply

- ☐ Single-family home
☐ Duplex or multi-unit building
☐ Condominium or cooperative
☐ Manufactured or mobile home
☐ Land
☐ Investment property
☐ Timeshare
☐ Other _____

Who has an interest in the property? Check one

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☒ At least one of the debtors and another _____

Other information you wish to add about this item, such as local property identification number:

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

\$100,000.00

Current value of the portion you own?

\$100,000.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

☐ Check if this is community property (see instructions)

If you own or have more than one, list here:

1.3

Unknown Address

Street address, if available, or other description

WI
City State ZIP Code

County

What is the property? Check all that apply

- ☐ Single-family home
☐ Duplex or multi-unit building
☐ Condominium or cooperative
☐ Manufactured or mobile home
☒ Land
☐ Investment property
☐ Timeshare
☐ Other _____

Who has an interest in the property? Check one

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another _____

Other information you wish to add about this item, such as local property identification number:

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

Unknown

Current value of the portion you own?

Unknown

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

☐ Check if this is community property (see instructions)

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....=>

\$400,000.00**Part 2:** Describe Your VehiclesDo you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G. Executory Contracts and Unexpired Leases*.

3 Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

☐ No☒ Yes

3.1 Make: Toyota
 Model: Highlander
 Year: 2013
 Approximate mileage: 25000
 Other information:

Who has an interest in the property? Check one

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this is community property
 (see instructions)

Do not deduct secured claims or exemptions. Put
 the amount of any secured claims on *Schedule D:*
Creditors Who Have Claims Secured by Property

Current value of the
entire property?Current value of the
portion you own?\$16,000.00\$16,000.00

3.2 Make: Dodge
 Model: Ram 1500
 Year: 2006
 Approximate mileage: 100200
 Other information:

Who has an interest in the property? Check one

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this is community property
 (see instructions)

Do not deduct secured claims or exemptions. Put
 the amount of any secured claims on *Schedule D:*
Creditors Who Have Claims Secured by Property

Current value of the
entire property?Current value of the
portion you own?\$4,500.00\$4,500.00

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories
Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

☒ No☐ Yes

5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for
 pages you have attached for Part 2. Write that number here.....=>

\$20,500.00**Part 3:** Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the
 portion you own?
 Do not deduct secured
 claims or exemptions.

6 Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware☐ No☒ Yes. Describe .Normal household Goods and furnishing\$400.00

7 Electronics

Examples: Televisions and radios, audio, video, stereo, and digital equipment; computers, printers, scanners; music collections, electronic devices
including cell phones, cameras, media players, games☐ No☒ Yes. Describe. ..Home Computer\$200.00

8. Collectibles of value

Examples: Antiques and figurines, paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections;
other collections, memorabilia, collectibles☒ No☐ Yes. Describe. ...

Debtor 1

Thomas Kral

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Case number (if known)

9 Equipment for sports and hobbies*Examples:* Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis, canoes and kayaks; carpentry tools; musical instruments☒ No☐ Yes Describe .**10 Firearms***Examples:* Pistols, rifles, shotguns, ammunition, and related equipment☒ No☐ Yes Describe ...**11. Clothes***Examples:* Everyday clothes, furs, leather coats, designer wear, shoes, accessories☒ No☐ Yes. Describe ...**12 Jewelry***Examples:* Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver☒ No☐ Yes. Describe**13 Non-farm animals***Examples:* Dogs, cats, birds, horses☒ No☐ Yes Describe**14 Any other personal and household items you did not already list, including any health aids you did not list**☒ No☐ Yes. Give specific information**15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here****\$600.00****Part 4B Describe Your Financial Assets****Do you own or have any legal or equitable interest in any of the following?****Current value of the portion you own?**
Do not deduct secured claims or exemptions.**16 Cash***Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition☐ No☒ Yes**Cash****\$100.00****17. Deposits of money***Examples:* Checking, savings, or other financial accounts, certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.☐ No☒ Yes

Institution name:

17.1. Checking**Chase Account****\$200.00****17.2 Savings****Chase Account****\$150.00**

18. Bonds, mutual funds, or publicly traded stocks*Examples: Bond funds, investment accounts with brokerage firms, money market accounts*☒ No☐ Yes Institution or issuer name:**19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture**☒ No☐ Yes Give specific information about them
Name of entity: % of ownership:**20. Government and corporate bonds and other negotiable and non-negotiable instruments***Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders**Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.*☒ No☐ Yes. Give specific information about them
Issuer name:**21. Retirement or pension accounts***Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans*☐ No☒ Yes. List each account separately
Type of account Institution name

401(k)

Sullivan Roofing Company

\$2,250.00

22. Security deposits and prepayments*Your share of all unused deposits you have made so that you may continue service or use from a company**Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others*☒ No☐ Yes Institution name or individual**23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)**☒ No☐ Yes.. . . Issuer name and description.**24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U S C §§ 530(b)(1), 529A(b), and 529(b)(1)

☒ No☐ Yes. Institution name and description. Separately file the records of any interests. 11 U S C § 521(c)**25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**☒ No☐ Yes Give specific information about them .**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property***Examples: Internet domain names, websites, proceeds from royalties and licensing agreements*☒ No☐ Yes Give specific information about them**27. Licenses, franchises, and other general intangibles***Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses*☒ No☐ Yes. Give specific information about them..**Money or property owed to you?****Current value of the
portion you own?
Do not deduct secured
claims or exemptions.**

28 Tax refunds owed to you☒ No☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years.....**29. Family support***Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement*☒ No☐ Yes. Give specific information**30. Other amounts someone owes you***Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits, unpaid loans you made to someone else*☒ No☐ Yes. Give specific information..**31 Interests in insurance policies***Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance*☒ No☐ Yes. Name the insurance company of each policy and list its value.

Company name.

Beneficiary

Surrender or refund
value.**32 Any interest in property that is due you from someone who has died***If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died*☒ No☐ Yes. Give specific information**33 Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment***Examples: Accidents, employment disputes, insurance claims, or rights to sue*☒ No☐ Yes. Describe each claim...**34 Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**☒ No☐ Yes. Describe each claim.....**35 Any financial assets you did not already list**☒ No☐ Yes. Give specific information..**36 Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....****\$2,700.00****Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.****37 Do you own or have any legal or equitable interest in any business-related property?**☒ No. Go to Part 6☐ Yes. Go to line 38**Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1****46 Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?**☒ No. Go to Part 7☐ Yes. Go to line 47**Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above**

Debtor 1

Thomas Kral

Document

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Case number (if known)

53. Do you have other property of any kind you did not already list?

Examples. Season tickets, country club membership☒ No☐ Yes. Give specific information

54 Add the dollar value of all of your entries from Part 7. Write that number here

\$0.00

Part 8 List the Totals of Each Part of this Form

| | | |
|---|-------------|--|
| 55. Part 1: Total real estate, line 2 | | \$400,000.00 |
| 56. Part 2: Total vehicles, line 5 | \$20,500.00 | |
| 57. Part 3: Total personal and household items, line 15 | \$600.00 | |
| 58. Part 4: Total financial assets, line 36 | \$2,700.00 | |
| 59. Part 5: Total business-related property, line 45 | \$0.00 | |
| 60. Part 6: Total farm- and fishing-related property, line 52 | \$0.00 | |
| 61. Part 7: Total other property not listed, line 54 | + | \$0.00 |
| 62. Total personal property. Add lines 56 through 61... | \$23,800.00 | Copy personal property total \$23,800.00 |
| 63. Total of all property on Schedule A/B Add line 55 + line 62 | | \$423,800.00 |

Fill in this information to identify your case:

Debtor 1 **Thomas Kral**
 First Name Middle Name Last Name

Debtor 2
 (Spouse if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **NORTHERN DISTRICT OF ILLINOIS**

Case number
 (if known)

☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2. Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

☒ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)

☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

| Brief description of the property and line on <i>Schedule A/B</i> that lists this property | Current value of the portion you own Copy the value from <i>Schedule A/B</i> | Amount of the exemption you claim Check only one box for each exemption. | Specific laws that allow exemption |
|---|---|--|------------------------------------|
| 7200 West Dobson Street Niles, IL 60714 Cook County Line from <i>Schedule A/B</i> : 1.1 | \$300,000.00 | <input type="checkbox"/> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-901 |
| 2006 Dodge Ram 1500 100200 miles Line from <i>Schedule A/B</i> : 3.2 | \$4,500.00 | <input checked="" type="checkbox"/> \$2,100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b) |
| 2006 Dodge Ram 1500 100200 miles Line from <i>Schedule A/B</i> : 3.2 | \$4,500.00 | <input checked="" type="checkbox"/> \$2,400.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(c) |
| Normal household Goods and furnishing Line from <i>Schedule A/B</i> : 6.1 | \$400.00 | <input checked="" type="checkbox"/> \$400.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b) |
| Home Computer Line from <i>Schedule A/B</i> : 7.1 | \$200.00 | <input checked="" type="checkbox"/> \$200.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b) |

Debtor 1 **Thomas Kral**

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Case number (if known)

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own <small>Copy the value from Schedule A/B</small> | Amount of the exemption you claim <small>Check only one box for each exemption</small> | Specific laws that allow exemption |
|---|---|--|------------------------------------|
| Cash Line from Schedule A/B: 16.1 | <u>\$100.00</u> | <input checked="" type="checkbox"/> \$100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b) |
| Checking: Chase Account Line from Schedule A/B: 17.1 | <u>\$200.00</u> | <input checked="" type="checkbox"/> \$100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b) |
| Savings: Chase Account Line from Schedule A/B: 17.2 | <u>\$150.00</u> | <input checked="" type="checkbox"/> \$75.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b) |
| 401(k): Sullivan Roofing Company Line from Schedule A/B: 21.1 | <u>\$2,250.00</u> | <input checked="" type="checkbox"/> \$2,250.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1006 |

3 Are you claiming a homestead exemption of more than \$160,375?
(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

☒ No

☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

☐ No

☐ Yes

Fill in this information to identify your case:

Debtor 1 **Thomas Kral**
 First Name Middle Name Last Name

Debtor 2
 (Spouse if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the **NORTHERN DISTRICT OF ILLINOIS**

Case number
 (if known)

☐ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

| | Column A Amount of claim Do not deduct the value of collateral | Column B Value of collateral that supports this claim | Column C Unsecured portion If any |
|---|--|--|--|
| 2.1 Cenlar Creditor's Name P.O. Box 77404 Number, Street, City, State & Zip Code Who owes the debt? Check one <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred _____ | Describe the property that secures the claim: 7200 West Dobson Street Niles, IL 60714 Cook County As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____ | \$165,878.02 | \$300,000.00 |
| 2.2 Chase Mortgage Creditor's Name P.O. Box 77404 Trenton, NJ 08628 Number, Street, City, State & Zip Code Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred _____ | Describe the property that secures the claim: 1719 Grove Glenview, IL 60025 Cook County As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____ | \$105,456.00 | \$100,000.00 |

Last 4 digits of account number **0083**

| | Column A Amount of claim Do not deduct the value of collateral | Column B Value of collateral that supports this claim | Column C Unsecured portion If any |
|---|--|--|--|
| 2.2 Chase Mortgage Creditor's Name P.O. Box 77404 Trenton, NJ 08628 Number, Street, City, State & Zip Code Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred _____ | Describe the property that secures the claim: 1719 Grove Glenview, IL 60025 Cook County As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____ | \$105,456.00 | \$100,000.00 |

Last 4 digits of account number _____

Debtor 1 **Thomas Kral** Case number (if know) _____
First Name Middle Name Last Name

23 **Glenview State Bank** Describe the property that secures the claim: **\$19,542.00** **\$16,000.00** **\$3,542.00**
Creditor's Name **2013 Toyota Highlander 25000 miles**

800 Waukegan Road
Glenview, IL 60025
Number Street, City, State & Zip Code

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Who owes the debt? Check one

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim relates to a community debt

Nature of lien. Check all that apply

- ☒ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☐ Other (including a right to offset) _____

Date debt was incurred **1/10/2013** Last 4 digits of account number **0279**

Add the dollar value of your entries in Column A on this page. Write that number here:
 If this is the last page of your form, add the dollar value totals from all pages.
 Write that number here:

\$290,876.02
\$290,876.02

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Fill in this information to identify your case:

| | | | |
|--|--------------------|-------------|-----------|
| Debtor 1 | Thomas Kral | | |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse if, filing) | | | |
| | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS | | | |
| Case number (if known) | | | |

☐ Check if this is an amended filing
Official Form 106E/F**Schedule E/F: Creditors Who Have Unsecured Claims****12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

- ☒ No. Go to Part 2.
☐ Yes.

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
☒ Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

Total claim

| | | | | |
|--|--|---|-------------|--------------------|
| 4.1 | Chase | Last 4 digits of account number | 2580 | \$23,248.78 |
| | Nonpriority Creditor's Name P.O. Box 15153 Wilmington, DE 19886 Number Street City State Zip Code | | | |
| Who incurred the debt? Check one. | | When was the debt incurred? prior to 12/04/14 | | |
| <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another | | As of the date you file, the claim is. Check all that apply | | |
| <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other Specify consumer and business purchases | | |

Debtor 1 Thomas Kral

Document

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Case number (if know)

42

MB Financial

Nonpriority Creditor's Name

6111 North River Road**Rosemont, IL 60018**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☒ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

Last 4 digits of account number

\$9,218.00

When was the debt incurred?

Prior to 3/1/2015

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Consumer and business purchases**

43

TBF Financial LLC

Nonpriority Creditor's Name

740 Waukegan Road**Suite 404****Deerfield, IL 60015**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

Last 4 digits of account number

1526**\$41,500.00**

When was the debt incurred?

prior to 11/30/2015

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other Specify **business loan****Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | Total Claim | |
|--------------------------|---|-------------|---------|
| Total claims from Part 1 | 6a. Domestic support obligations | 6a. | \$ 0.00 |
| | 6b. Taxes and certain other debts you owe the government | 6b. | \$ 0.00 |
| | 6c. Claims for death or personal injury while you were intoxicated | 6c. | \$ 0.00 |
| | 6d. Other. Add all other priority unsecured claims. Write that amount here | 6d. | \$ 0.00 |
| | 6e. Total Priority. Add lines 6a through 6d. | 6e. | \$ 0.00 |
| | | Total Claim | |
| Total claims from Part 2 | 6f. Student loans | 6f. | \$ 0.00 |
| | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ 0.00 |
| | 6h. Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ 0.00 |
| | 6i. Other. Add all other nonpriority unsecured claims. Write that amount | 6i. | \$ |
| | | | |

Debtor 1 Thomas Kral

Document

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Case number (if known) _____

here

73,966.786j. **Total Nonpriority.** Add lines 6f through 6i.

6j.

\$ 73,966.78

Fill in this information to identify your case:

Debtor 1 Thomas Kral
First Name Middle Name Last Name

Debtor 2
 (Spouse if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the NORTHERN DISTRICT OF ILLINOIS

Case number
 (if known) _____

☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- ☒ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
- ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B:Property* (Official Form 106 A/B)

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases

| Person or company with whom you have the contract or lease <small>Name, Number, Street, City, State and ZIP Code</small> | State what the contract or lease is for |
|---|---|
| 2.1 Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____ | |
| 2.2 Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____ | |
| 2.3 Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____ | |
| 2.4 Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____ | |
| 2.5 Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____ | |

Fill in this information to identify your case:

Debtor 1 **Thomas Kral**
 First Name Middle Name Last Name

Debtor 2
 (Spouse if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the **NORTHERN DISTRICT OF ILLINOIS**

Case number
 (if known) _____

☐ Check if this is an amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

☐ No

☒ Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

☒ No Go to line 3.

☐ Yes Did your spouse, former spouse, or legal equivalent live with you at the time?

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor
 Name, Number, Street, City, State and ZIP Code

Column 2: The creditor to whom you owe the debt
 Check all schedules that apply:

3.1 **Diane Kral**
7200 Dobson
Niles, IL 60714

☒ Schedule D, line 2.1
☐ Schedule E/F, line _____
☐ Schedule G _____
Centiar

3.2 **Diane Kral**
7200 West Dobson
Niles, IL 60714

☒ Schedule D, line 2.2
☐ Schedule E/F, line _____
☐ Schedule G _____
Chase Mortgage

Fill in this information to identify your case:

Debtor 1 Thomas Kral

Debtor 2
(Spouse, if filing) _____

United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS

Case number
(if known) _____

Check if this is.

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 1061

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Occupation

Employer's name

Employer's address

How long employed there?

Debtor 1

- ☐ Employed
- ☒ Not employed

unemployed

Debtor 2 or non-filing spouse

- ☒ Employed
- ☐ Not employed

Nurse

Presence PRV Health

200 South Wacker Drive
Chicago, IL 60606

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1

For Debtor 2 or non-filing spouse

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. \$ 0.00 \$ 7,265.00

3. Estimate and list monthly overtime pay.

3. +\$ 0.00 +\$ 0.00

4. Calculate gross income. Add line 2 + line 3.

4. \$ 0.00 \$ 7,265.00

Debtor 1 **Thomas Kral**

Case number (if known)

| | For Debtor 1 | For Debtor 2 or non-filing spouse |
|---|---|-----------------------------------|
| Copy line 4 here | 4. \$ 0.00 | \$ 7,265.00 |
| 5 List all payroll deductions: | | |
| 5a. Tax, Medicare, and Social Security deductions | 5a. \$ 0.00 | \$ 1,847.19 |
| 5b. Mandatory contributions for retirement plans | 5b. \$ 0.00 | \$ 0.00 |
| 5c. Voluntary contributions for retirement plans | 5c. \$ 0.00 | \$ 435.95 |
| 5d. Required repayments of retirement fund loans | 5d. \$ 0.00 | \$ 0.00 |
| 5e. Insurance | 5e. \$ 0.00 | \$ 1,148.66 |
| 5f. Domestic support obligations | 5f. \$ 0.00 | \$ 0.00 |
| 5g. Union dues | 5g. \$ 0.00 | \$ 0.00 |
| 5h. Other deductions. Specify <u>Accident & Life Insurance</u> | 5h + \$ 0.00 | \$ 115.85 |
| 6 Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6 \$ 0.00 | \$ 3,547.65 |
| 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. | 7. \$ 0.00 | \$ 3,717.35 |
| 8 List all other income regularly received: | | |
| 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income | 8a \$ 450.00 | \$ 450.00 |
| 8b. Interest and dividends | 8b. \$ 0.00 | \$ 0.00 |
| 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. \$ 0.00 | \$ 0.00 |
| 8d. Unemployment compensation | 8d. \$ 2,000.00 | \$ 0.00 |
| 8e. Social Security | 8e. \$ 0.00 | \$ 0.00 |
| 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | 8f \$ 0.00 | \$ 0.00 |
| 8g. Pension or retirement income | 8g. \$ 0.00 | \$ 0.00 |
| 8h. Other monthly income. Specify: | 8h + \$ 0.00 | \$ 0.00 |
| 9 Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. \$ 2,450.00 | \$ 450.00 |
| 10 Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. \$ 2,450.00 + \$ 4,167.35 = \$ 6,617.35 | |
| 11 State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: | 11. +\$ 0.00 | |
| 12 Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certain Liabilities and Related Data</i> , if it applies | 12 \$ 6,617.35 | Combined monthly income |
| 13. Do you expect an increase or decrease within the year after you file this form? | | |
| <input checked="" type="checkbox"/> No. | | |
| <input type="checkbox"/> Yes Explain | | |

Fill in this information to identify your case:

Debtor 1 Thomas Kral

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS

Case number _____
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

☒ No. Go to line 2.

☐ Yes. Does Debtor 2 live in a separate household?

☐ No

☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.

2. Do you have dependents? ☐ No

Do not list Debtor 1 and Debtor 2

☒ Yes. Fill out this information for each dependent.

Do not state the dependents names.

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Spouse

Daughter

Son

☐ No

☒ Yes

☐ No

☒ Yes

☐ No

☒ Yes

☐ No

☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents? ☐ No ☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 2,217.28

If not included in line 4:

4a. Real estate taxes

4a. \$ 0.00

4b. Property, homeowner's, or renter's insurance

4b. \$ 0.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 100.00

4d. Homeowner's association or condominium dues

4d. \$ 0.00

5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 0.00

Debtor 1 **Thomas Kral**

Case number (if known)

| | | |
|--|--|-----------------------------|
| 6 Utilities: | | |
| 6a | Electricity, heat, natural gas | 6a \$ <u>163.77</u> |
| 6b | Water, sewer, garbage collection | 6b. \$ <u>108.00</u> |
| 6c | Telephone, cell phone, Internet, satellite, and cable services | 6c. \$ <u>527.00</u> |
| 6d | Other. Specify _____ | 6d \$ <u>0.00</u> |
| 7. | Food and housekeeping supplies | 7 \$ <u>1,000.00</u> |
| 8 | Childcare and children's education costs | 8 \$ <u>265.00</u> |
| 9 | Clothing, laundry, and dry cleaning | 9. \$ <u>400.00</u> |
| 10. | Personal care products and services | 10 \$ <u>75.00</u> |
| 11. | Medical and dental expenses | 11 \$ <u>137.00</u> |
| 12. | Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. | 12 \$ <u>400.00</u> |
| 13 | Entertainment, clubs, recreation, newspapers, magazines, and books | 13. \$ <u>500.00</u> |
| 14 | Charitable contributions and religious donations | 14. \$ <u>0.00</u> |
| 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. | | |
| 15a. | Life insurance | 15a. \$ <u>0.00</u> |
| 15b | Health insurance | 15b. \$ <u>0.00</u> |
| 15c. | Vehicle insurance | 15c. \$ <u>146.67</u> |
| 15d. | Other insurance. Specify _____ | 15d. \$ <u>0.00</u> |
| 16. | Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20 Specify: Additional Taxes | 16. \$ <u>110.00</u> |
| 17 Installment or lease payments: | | |
| 17a. | Car payments for Vehicle 1 | 17a. \$ <u>558.48</u> |
| 17b. | Car payments for Vehicle 2 | 17b. \$ <u>0.00</u> |
| 17c. | Other. Specify Wife's student loan | 17c. \$ <u>336.00</u> |
| 17d | Other. Specify _____ | 17d. \$ <u>0.00</u> |
| 18. | Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18 \$ <u>0.00</u> |
| 19. | Other payments you make to support others who do not live with you. | \$ <u>0.00</u> |
| Specify: _____ | | 19. |
| 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. | | |
| 20a. | Mortgages on other property | 20a. \$ <u>900.00</u> |
| 20b. | Real estate taxes | 20b. \$ <u>459.00</u> |
| 20c. | Property, homeowner's, or renter's insurance | 20c. \$ <u>0.00</u> |
| 20d. | Maintenance, repair, and upkeep expenses | 20d. \$ <u>0.00</u> |
| 20e. | Homeowner's association or condominium dues | 20e. \$ <u>328.95</u> |
| 21. | Other: Specify _____ | 21 +\$ <u>0.00</u> |
| 22. Calculate your monthly expenses | | |
| 22a. | Add lines 4 through 21 | \$ <u>8,732.15</u> |
| 22b. | Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | \$ _____ |
| 22c. | Add line 22a and 22b. The result is your monthly expenses. | \$ <u>8,732.15</u> |
| 23 Calculate your monthly net income. | | |
| 23a. | Copy line 12 (your combined monthly income) from Schedule I. | 23a. \$ <u>4,617.35</u> |
| 23b. | Copy your monthly expenses from line 22c above. | 23b. -\$ <u>8,732.15</u> |
| 23c. | Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> . | 23c. \$ <u>-4,114.80</u> |
| 24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? | | |
| <input type="checkbox"/> No. | | |
| <input checked="" type="checkbox"/> Yes. Explain here: Husband is expecting to obtain employment | | |

Fill in this information to identify your case:

| | | | |
|---|--------------------------------------|-------------|-----------|
| Debtor 1 | <u>Thomas Kral</u> | | |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse if, filing) | | | |
| | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | <u>NORTHERN DISTRICT OF ILLINOIS</u> | | |
| Case number (if known) | | | |

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.



Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes Name of person _____

Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X

Thomas Kral
Signature of Debtor 1

X

Signature of Debtor 2

Date

NOV 26, 2016

Date

| Fill in this information to identify your case: | | | |
|---|-------------------------------|-------------|-----------|
| Debtor 1 | Thomas Kral | | |
| | First Name | Middle Name | Last Name |
| Debtor 2 | | | |
| (Spouse if filing) | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | NORTHERN DISTRICT OF ILLINOIS | | |
| Case number (if known) | | | |

☐ Check if this is an amended filing

Official Form 108 Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- ☐ creditors have claims secured by your property, or
- ☐ you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1 List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

| Identify the creditor and the property that is collateral | What do you intend to do with the property that secures a debt? | Did you claim the property as exempt on Schedule C? |
|--|---|---|
| Creditor's name: Cenlar | <input type="checkbox"/> Surrender the property. | <input type="checkbox"/> No |
| Description of property securing debt: 7200 West Dobson Street Niles, IL 60714 Cook County | <input type="checkbox"/> Retain the property and redeem it. | <input checked="" type="checkbox"/> Yes |
| | <input checked="" type="checkbox"/> Retain the property and enter into a Reaffirmation Agreement. | |
| | <input type="checkbox"/> Retain the property and [explain] | |
| Creditor's name: Chase Mortgage | <input type="checkbox"/> Surrender the property. | <input type="checkbox"/> No |
| Description of property securing debt: 1719 Grove Glenview, IL 60025 Cook County | <input type="checkbox"/> Retain the property and redeem it. | <input checked="" type="checkbox"/> Yes |
| | <input checked="" type="checkbox"/> Retain the property and enter into a Reaffirmation Agreement. | |
| | <input type="checkbox"/> Retain the property and [explain] | |
| Creditor's name: Glenview State Bank | <input type="checkbox"/> Surrender the property. | <input type="checkbox"/> No |
| Description of property securing debt: 2013 Toyota Highlander 25000 miles | <input type="checkbox"/> Retain the property and redeem it. | <input checked="" type="checkbox"/> Yes |
| | <input checked="" type="checkbox"/> Retain the property and enter into a Reaffirmation Agreement. | |
| | <input type="checkbox"/> Retain the property and [explain] | |

Debtor 1 Thomas Kral

Case number (if known) _____

securing debt: _____

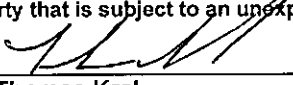
Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

| Describe your unexpired personal property leases | Will the lease be assumed? |
|---|---|
| Lessor's name: Description of leased Property | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Lessor's name: Description of leased Property | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Lessor's name: Description of leased Property | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Lessor's name: Description of leased Property | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Lessor's name: Description of leased Property | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Lessor's name: Description of leased Property | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Lessor's name: Description of leased Property | <input type="checkbox"/> No <input type="checkbox"/> Yes |

Part 3: Sign Below

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

X 
Thomas Kral
Signature of Debtor 1

X _____
Signature of Debtor 2

Date NOV 26, 2016

Date _____

United States Bankruptcy Court
Northern District of Illinois

In re Thomas Kral

Debtor(s)

Case No.
Chapter

7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

| | | |
|---|----|-------------|
| For legal services, I have agreed to accept _____ | \$ | <u>0.00</u> |
| Prior to the filing of this statement I have received _____ | \$ | <u>0.00</u> |
| Balance Due _____ | \$ | <u>0.00</u> |

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify):

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Date

Howard Peritz 06187056

Signature of Attorney

The law Offices of Howard Peritz

1121 Lake Cook Road

Suite P

Deerfield, IL 60015

(847) 562-5880 Fax: (847) 562-5889

howard@Howardperitzlaw.com

Name of law firm

THE LAW OFFICES OF
HOWARD PERITZ

1121 LAKE COOK ROAD
SUITE P
DEERFIELD, ILLINOIS 60015

Tel. 847-562-5880
Fax: 847-562-5889
www.HowardPeritzLaw.com



ATTORNEY-CLIENT BANKRUPTCY RETAINER AGREEMENT

The Client(s) Thomas Kral (hereinafter referred to as the "CLIENT") hereby enters into this Attorney-Client Retainer Agreement with The Law Offices of Howard Peritz (hereinafter referred to as the "ATTORNEY").

1. TOTAL FEES AND COSTS

a) Fixed Fee: A fixed fee shall be paid by CLIENT to ATTORNEY for legal services rendered under this contract.

The fixed fee shall be paid as follows: ~~\$2000.00~~

D.W. HP TCK

No portion of attorney fees and costs that are paid or agreed to be paid may be cancelled or refunded. All fees and costs paid or agreed to be paid by the CLIENT are fully earned compensation to attorney for services rendered and for the responsibility of undertaking representation of the CLIENT. The CLIENT understands that the ATTORNEY'S acceptance of undertaking representation of the CLIENT means that significant resources will be committed to the case and that other work the ATTORNEY would do will be set aside, delayed, or turned down. All monies paid or agreed to be paid by the CLIENT are fully earned by the ATTORNEY and no money is refunded nor may CLIENT cancel this agreement regarding the payment of attorney fees and costs. There is a \$30.00 fee for any returned checks. After ATTORNEY'S review of CLIENT'S completed questionnaire and supporting documents, if it is determined that CLIENT is not eligible for Chapter 7 Bankruptcy protection, all fees, less \$30 for credit report and record research, shall be refunded to client within 15 days.

b) Costs: In addition to the fixed fee, the CLIENT shall pay a filing fee of \$335.00 for chapter 7 court costs.

c) Credit Report: CLIENT authorizes ATTORNEY to obtain CLIENT'S Credit Report through its provider. The cost for obtaining CLIENT'S Credit Report is included in the Fixed Fees for service, and no additional fees shall be required by CLIENT. It is customary for the provider to contact CLIENT via email or telephone to confirm authorization for ATTORNEY to obtain the CLIENT'S Credit Report. CLIENT agrees to confirm authorization in a timely fashion. CLIENT acknowledges that a copy of the Credit Report cannot be released to CLIENT. The credit report is available only to ATTORNEY for use in completing the necessary bankruptcy forms.

2. CONDITION

This Contract will not take effect, and ATTORNEY will have no obligation to provide legal services, until CLIENT returns a signed copy of this Contract and pays the fixed fee called for under Paragraph 1.

3. SCOPE OF DUTIES

CLIENT hires ATTORNEY to provide legal services in connection with the preparation of a bankruptcy petition. ATTORNEY shall provide the services listed in Paragraph 4. ATTORNEY'S services will NOT include litigation of any kind, whether in court, in administrative hearings or before government agencies or arbitration tribunals.

ATTORNEY shall take reasonable steps to keep CLIENT informed of progress and to respond to CLIENT'S inquiries.

CLIENT shall be truthful with ATTORNEY, cooperate with ATTORNEY, and keep ATTORNEY informed of developments, abide by the Contract, pay ATTORNEY's bills on time and keep ATTORNEY advised of CLIENT'S address, telephone number and whereabouts.

4. LEGAL SERVICES TO BE PROVIDED

The legal services rendered or to be rendered include:

- (a) Analysis of the financial situation of CLIENT and rendering advice and assistance to CLIENT in determining whether to file a voluntary petition under Title 11, United States Code. (Bankruptcy Code)
- (b) Preparation and filing of the petition, Schedule of Assets and Liabilities, Statement of Affairs, means test forms, supplemental local forms, and Mailing Matrix.
- (c) Preparation and representation of CLIENT at the First Meeting of Creditors.
- (d) Discussion of and recommendation for required pre-petition credit counseling, and education requirements post-petition, and explanation of those requirements under the Bankruptcy Code. CLIENT also acknowledges that they will be solely responsible for the payment of all fees and charges related to the credit and educational counseling.
- (e) Discussion of options for retaining any secured property.

The legal work includes all necessary Court appearances (by members of the firm OR separate appearance counsel), research, investigation, correspondence, preparation and drafting of pleadings and other legal documents, and related work to properly represent the client in this matter for the items exclusively set forth above.

5. LEGAL SERVICES NOT PROVIDED

The legal services and/or legal representation not to be provided or not rendered by attorney under this agreement include:

(a) representation of CLIENT in any adversary proceeding arising under Bankruptcy Code Section 523 for fraud, credit card abuse, false financial statements or any and all exceptions to discharge under Section 523; or

(b) representation of CLIENT in any adversary proceeding arising under Bankruptcy Code Section 727 for false oath, concealment of assets, revocation of discharge or any other and all objection to discharge under Section 727; or

(c) representation of CLIENT in any objection to claim of exemptions by trustee or creditor; or

(d) representation of CLIENT in any motion for relief from stay by creditor to proceed to foreclose on real property or repossess personal property such as automobile, furniture, etc., or
(e) representation of CLIENT for motions to compel abandonment of assets or motion to avoid judicial liens on real or personal property, or

(f) representation of CLIENT for any type of federal or state tax advice, opinion, negotiation, or any other matters pertaining to the discharge of any tax under any state or federal law.

CLIENT acknowledges and understands by signing this agreement that debts will not be discharged if a creditor proves that CLIENT lied about assets or concealed, destroyed or transferred any property within Bankruptcy Code Section 523 and/or 727.

CLIENT acknowledges and understands by signing this agreement that all the bankruptcy papers, pleadings and petitions are signed under the penalty of perjury and a false oath, concealment of assets or other allegation under Bankruptcy Code Section 727 by a creditor, trustee or court may result in the denial of discharge of debt or other sanctions, either monetary or non-monetary.

6. CLIENT RESPONSIBILITY

You must fully cooperate with ATTORNEY and provide all information relevant to the issues involved in this matter. You must also pay all bills as required by this Agreement. If you do not comply with these requirements, ATTORNEY may ask the Court for permission to withdraw from representing you. ATTORNEY will also withdraw at your request.

7. CONCLUSION OF SERVICES

When ATTORNEY'S services conclude, all unpaid charges shall immediately become due and payable. After ATTORNEY'S services conclude, ATTORNEY will, upon CLIENT'S request, deliver CLIENT'S file to CLIENT, along with any CLIENT funds or property in ATTORNEY'S possession.

8. DISCLAIMER OF GUARANTEE

Nothing in this Contract and nothing in ATTORNEY'S statements to CLIENT will be construed as a promise or guarantee about the outcome of the CLIENT'S matter. ATTORNEY makes no such promises or guarantees. ATTORNEY'S comments about the outcome of CLIENT'S matter are expressions of opinion only. The ATTORNEY renders no advice or opinion as to the dischargability of tax debt and has not provided such advice to the CLIENT.

9. EFFECTIVE DATE

This Contract will take effect when the CLIENT has performed the conditions stated in paragraph 1, but its effective date will be retroactive to the date ATTORNEY first provided services. The date at the beginning of this Contract is for reference only. Even if this Contract does not take effect, the CLIENT will be obligated to pay ATTORNEY the reasonable value of any services ATTORNEY may have performed for the CLIENT.

The CLIENT hereby acknowledges that CLIENT understands the terms and conditions of this agreement by signing below. The CLIENT agrees with the ATTORNEY that this written contract contains all of the terms and conditions of the ATTORNEY'S scope of employment. Any oral modification of this agreement will not be binding upon the ATTORNEY and/or CLIENT unless it is subsequently made in writing and signed by both parties.

10. ADDITIONAL LEGAL SERVICES

If you need other services which mayor may not be related to the above matter, you and ATTORNEY may make a new agreement to provide the other services and for any additional services described in paragraph 5 herein. The new agreement may be a fixed fee agreement, contingency fee agreement, or billed to the CLIENT at an hourly rate as agreed by the parties.

11. AMENDED SCHEDULES

Should there be a need to file an Amended Schedule Form in order to include additional creditors in your bankruptcy, the CLIENT will be required to pay additional ATTORNEY'S fees of \$100.00, costs of \$30.00 for postage and photocopies and additional \$20.00 for court costs for a total due of \$150.00.

12. BANKRUPTCY DISCHARGE

The CLIENT acknowledges and understands by signing this agreement that a discharge in bankruptcy is a legal excuse from paying unsecured debts. The CLIENT acknowledges and understands by executing this agreement that bankruptcy does not cancel secured debts, debts to creditors that the CLIENT did not list on Bankruptcy Schedules, most income taxes, payroll taxes, sales taxes, tax penalties and interest owed to the State and federal government, most student loans, child and spousal support, most fraud judgments from any court, punitive damages, criminal restitution and fines, most judgments for malicious and willful conduct from any court, and any money that you owe as a result of being sued for drunken driving.

13. LIQUIDATION OF ASSETS BY TRUSTEE

The CLIENT acknowledges and understands that in the chapter 7 case a chapter 7 trustee will be appointed by the court. The CLIENT understands that the chapter 7 trustee has a duty to investigate the financial affairs of the debtor; determine the available assets to be liquidated for the payment of creditors and oppose the discharge of the debtor, if advisable. The CLIENT acknowledges that they have a duty to cooperate with the chapter 7 trustee. The CLIENT acknowledges that the chapter 7 trustee may investigate the value of their real property, business and any and all other assets that may result in liquidation and payment of money to creditors. CLIENT understands that the new bankruptcy law which took effect October 17, 2005 is subject to different interpretations and there are inherent risks in how the Judges and Courts will apply various provisions.

The foregoing terms and conditions are understood and acknowledged to be the entire agreement between the CLIENT and ATTORNEY.

Dated: Nov 26, 2016
Client _____

Dated: _____
Howard Peritz

Cenlar
P.O. Box 77404

Chase
P.O. Box 15153
Wilmington, DE 19886

Chase Mortgage
P.O. Box 77404
Trenton, NJ 08628

Diane Dral
7200 W. Dobson Street
Niles, IL 60714

Diane Dral
7200 W. Dobson Street
Niles, IL 60714

Diane Kral
7200 Dobson
Niles, IL 60714

Diane Kral
7200 West Dobson
Niles, IL 60714

Glenview State Bank
800 Waukegan Road
Glenview, IL 60025

MB Financial
6111 North River Road
Rosemont, IL 60018

TBF Financial LLC
740 Waukegan Road
Suite 404
Deerfield, IL 60015

United States Bankruptcy Court
Northern District of Illinois

In re Thomas Kral

Debtor(s)

Case No.
Chapter

7

VERIFICATION OF CREDITOR MATRIX

Number of Creditors: 10

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Date:

NOV 26, 2016



Thomas Kral
Signature of Debtor